Under the

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## REQUEST

## **FOR**

## **CONTINUED EXAMINATION (RCE)** TRANSMITTAL

Address to: **Commissioner for Patents Box RCE** Washington, DC 20231

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Application Number	09/846,544		
Filing Date	05/01/2001		
First Named Inventor	Michael Hollatz		
Art Unit	2663		
Examiner Name	George, Keith M.		
Attorney Docket Number	6065-79244		

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

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1. Submission required under 37 CFR §1.114			
a.   Previously submitted			
i. \( \text{Consider the amendment(s)/reply under 37 CFR \} \)1.116 previously filed on \( \text{July 14, 2005} \)			
(Any unentered amendment(s) referred to above will be entered).			
ii. Consider the arguments in the Appeal Brief or Reply Brief previously filed on			
iii. Other			
b. ☐ Enclosed i. ☐ Amendment/Reply iii. ☐ Information Disclosure Statement (IDS)			
2. Miscellaneous			
a.  Suspension of action on the above-identified application is requested under 37 CFR §1.103(c) for			
a period of months (Period of suspension shall not exceed 3 months; Fee under 37 CFR§1.17(i) required) b Other			
3. Fees The RCE fee under 37 CFR §1.17(e) is required by 37 CFR §1.114 when the RCE is filed.			
a. 🗵 The Director is hereby authorized to charge the following fees, or credit any overpayments, to			
Deposit Account No. 23-0920			
i. RCE fee required under 37 CFR §1.17(e)   09/02/2005 MBIZUNES 00000019 09846544			
ii.			
iii. D Other			
b. \( \text{Check in the amount of \$ \frac{790.00}{}{} \) enclosed			
C. Payment by credit card (Form PTO-2038 enclosed)			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
be included on this form. Provide credit card information and authorization on 1 10-2000.			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
Name (Print / Type)  John P. Christensen  Registration No. (Attorney / Agent)  34,137			
Signature Date 08/30/2005			
CERTIFICATE OF MAILING OR TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, Box RCE, Washington, DC 20231, or facsimile transmitted to the U.S. Patent and Trademark			
Name (Print / Type) Abby Boons			
Signature Date 08/30/2005			

burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary-depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: Assistant Commissioner for Patents, Box RCE, Washington, DC 20231.